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Bib Data Sheet

CONFIRMATION NO. 5876

SERIAL NUMBER 09/163,778	FILING DATE 09/30/1998 RULE	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IAM498PA	
APPLICANTS ALLAN LEPINE, LEWISBURG, OH; ** CONTINUING DATA ***** ** FOREIGN APPLICATIONS ***** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/15/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____		STATE OR COUNTRY OH	SHEETS DRAWING 2	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
ADDRESS SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH, P.A. P. O. BOX 2938 MINNEAPOLIS, MN 55402					
TITLE CANINE MILK SUBSTITUTE					
FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/163,778	FILING DATE 09/30/98	CLASS 426	GROUP ART UNIT 1761	ATTORNEY DOCKET NO. IAM498PA
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APPLICANT

ALLAN LEPINE, LEWISBURG, OH.

CONTINUING DOMESTIC DATA***

VERIFIED

f. d.

371 (NAT'L STAGE) DATA***

VERIFIED

f. d.

FOREIGN APPLICATIONS***

VERIFIED

f. d.

FOREIGN FILING LICENSE GRANTED 10/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OH	SHEETS DRAWING <u>23</u>	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
Verified and Acknowledged	<u>f. d.</u> Examiner's Initials				

ADDRESS

KILLWORTH GOTTMAN HAGAN & SCHAEFF
ONE DAYTON CENTRE
ONE SOUTH MAIN STREET SUITE 500
DAYTON OH 45402-2023

TITLE

CANINE MILK SUBSTITUTE

FILING FEE RECEIVED \$790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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